

AO435 (Rev. 04/18; WDVA Rev. 11/19)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
<b>TRANSCRIPT ORDER FORM</b>					
Please Read Instructions on Page 2.					
<b>1. REQUESTOR'S INFORMATION:</b>		NAME Paul G. Beers		TELEPHONE NUMBER (540) 224-8035	
DATE OF REQUEST 3/11/2022		EMAIL ADDRESS (Transcript will be emailed to this address.) pbeers@glennfeldmann.com			
MAILING ADDRESS P.O. Box 2887				CITY, STATE, ZIP CODE Roanoke, VA 24001-2887	
<b>2. TRANSCRIPT REQUESTED:</b>		NAME OF COURT REPORTER L. Blair			
		OR CHECK HERE <input type="checkbox"/> IF HEARING WAS RECORDED BY FTR			
CASE NUMBER 7:20cv342		CASE NAME Notestein, et al. v. Bittrex, Inc., et al.		JUDGE'S NAME Judge Dillon	
DATE(S) OF PROCEEDING(S) 05/24/2021		TYPE OF PROCEEDING(S) Motion Hearing		LOCATION OF PROCEEDING Roanoke	
REQUEST IS FOR: (Select one) <input checked="" type="checkbox"/> FULL PROCEEDING OR <input type="checkbox"/> SPECIFIC PORTION(S) (Must specify below)					
SPECIFIC PORTION(S) REQUESTED (If applicable):					
<b>3. SERVICE TURNAROUND CATEGORY REQUESTED:</b> (See Page 2 for descriptions of each service turnaround category.)					
<input checked="" type="checkbox"/> Ordinary (30-Day)			<input type="checkbox"/> Daily		
<input type="checkbox"/> 14-Day			<input type="checkbox"/> Hourly		
<input type="checkbox"/> Expedited (7-Day)			<input type="checkbox"/> RealTime		
<input type="checkbox"/> 3-Day					
<b>4. CERTIFICATION:</b> By signing below, I certify that I will pay all charges (deposit plus additional).					
DATE 3/11/2022		SIGNATURE /s/ Paul G. Beers			

If you have any questions, please contact the court reporter coordinator at (540) 857-5152 or by email to [CRC@vawd.uscourts.gov](mailto:CRC@vawd.uscourts.gov).

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<http://www.vawd.uscourts.gov/media/1576/transcripts.pdf>

**NOTE:** Form must be flattened prior to electronically filing in CM/ECF so that all fillable fields can no longer be modified.